

Case Number:	CM15-0005731		
Date Assigned:	01/20/2015	Date of Injury:	02/14/2014
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female, who sustained an industrial injury on 02/14/2014. She has reported pain in the right shoulder, wrist, and elbow. The diagnoses have included adhesive capsulitis right shoulder; right carpal tunnel syndrome; right cubital tunnel syndrome; and right radial motor nerve neuropathy. Treatment to date has included medications, physical therapy, and home exercise program. A progress report from the treating physician, dated 12/05/2014, documented a follow-up visit with the injured worker. The injured worker reported severe shoulder, upper extremity, and elbow pain. Objective findings included weakness and restricted range of motion of the upper extremities. The treatment plan has included continuation with medications: Norco 10/325 mg as ordered; surgical consultation for right wrist and right elbow; and follow-up evaluation. On 12/22/2014 Utilization Review non-certified a prescription for Norco 10/325 mg #120. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On 01/06/2015, the injured worker submitted an application for IMR for review of a prescription for Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List and Criteria for Use Page(s): 76-80 &.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with pain in the right shoulder, wrist, and elbow. The request is for NORCO 10/325MG #120. The patient is status post radial head repair, date unspecified. Patient's diagnosis on 12/15/14 includes adhesive capsulitis right shoulder. Treatment to date has included medications, physical therapy, and home exercise program. The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco was prescribed in progress report dated 11/10/14 and 12/15/14. MTUS requires appropriate discussion of the 4A's. In addressing the 4A's, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Norco. No validated instruments have been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug seeking behavior. There are no UDS's, CURES or opioid pain contracts. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.